GOVERNMENT OF ANDHRA PRADESH
ABSTRACT

Revitalisation of Primary Health System – Strengthening Maternal and Child Health Services – Enhancement of Performance-Based Incentives for Accredited Social Health Activists (ASHA) — Orders – Issued.

HEALTH, MEDICAL AND FAMILY WELFARE (K2) DEPARTMENT

G.O. Ms. No. 3 **Dated:04.01.2011**

Read the following:

1. Commissioner of Health and Family Welfare Letter No 2180/RCH-II / S1/2010 Dated 06.12.2010

ORDER:

1. The Government have taken a number of measures to revitalise the public health system in the state, with special focus on strengthening the mother and child health services. The objective of the government is to increase community participation in preventive and promotive health care and increase demand for health services by strengthening the bond between the community and health delivery system. In this direction, the government has enabled the rural communities to select a woman from among themselves, who is trained by the Government in basic preventive and promotive health care and maternal and child health, as Accredited Social Health Activist (ASHA). Positioning of ASHA to cater to the health needs of every one thousand persons in the rural areas, as the dynamic link between the community and the health delivery system, is a major strategic intervention under the National Rural Health Mission (NRHM).

2. The expectation of the Government is that ASHA, being a trained woman community health volunteer, will reinforce community action for universal immunization, safe delivery, new born care, prevention of communicable diseases, improved nutrition and promotion of household and community sanitation, especially use of toilets. She will inform, interact, mobilize and facilitate the community for improved access to preventive and promotive health care and provision of basic curative support. For her work, ASHA receives performance-based compensation for promoting a range of Mother and Child Health Services and catalyzing the efforts to reduce maternal and infant mortality and morbidity.

3. The duties and responsibilities of ASHA include the following:

- ✓ To create awareness on health, nutrition, sanitation, hygienic practices, and dissemination of information on existing health services and family welfare services amongst the community.
- ✓ Providing counselling and therefore increasing the demand for ante-natal care, birth preparedness, importance of safe and institutional delivery, breast feeding, immunization, contraception etc.
- ✓ Identification and early registration of pregnant women during the first trimester and four regular ante-natal check-ups through the pregnancy.
- ✓ Support to high-risk pregnant women and ensuring close follow-up and institutional delivery.
- ✓ Support for skilled-birth attendance to those mothers who are unable to have institutional delivery, especially in the remote tribal areas.

- ✓ Post natal care and newborn care for mother and child respectively, with specific attention to breast feeding, and other essential elements of post-natal and newborn care.
- ✓ Completion of all doses of immunization; BCG, DPT, OPC and Hepatitis-B to the children. Completion of Measles immunization and Vitamin-A to children before one year of age.
- ✓ Identification of Low-birth-weight baby, i.e., less than 2000 grams and provide health and nutrition counselling to the parents and family members of the child and referral to nutrition rehabilitation centres.
- ✓ Participation in National programs of Pulse-Polio, Malaria, Filaria, RNTCP, and other disease control and epidemic management programs.
- ✓ Participation in Family Welfare and pulse polio campaigns etc.
- ✓ Reporting of all cases of maternal and infant death to the sub-centre and PHC.
- ✓ Support for disabled people, adolescent girls, those with chronic and acute ailments etc.
- ✓ Any activity that would contribute to improved health and nutrition status of the community, as decided by the community and the health delivery system.

4. The ASHA is the important link between the government health delivery system and the rural community she serves. She is not a paid employee of the government, nor is she is a full-time functionary. She has an important facilitatory role in securing effective and equitable quality health care to the community of about one thousand people. She is a community health volunteer who will help the people of her community achieve the expected health goals. For her work, ASHA receives financial incentive based on performance of tasks that would promote a range of mother and child health (MCH) services, morbidity prevention and containment, and catalyzing efforts to reduce MMR and IMR.

5. In this background, the Government has decided to initiate a serious of measures to strengthen the capacity of the ASHA, with specific reference to safe motherhood and child survival; reinforce the facilitatory guidance and supportive supervision mechanism; and increase the monetary and non-monetary incentives. The intention of Government is to increase the motivational levels of ASHA, sharpen the focus on maternal and child health services, thus facilitate accelerated reduction of IMR and MMR, and strengthen the bond between the rural community and the health delivery system.

6. Accordingly, the Government hereby order that the incentive for different health interventions to be performed by ASHA be paid as per the norms indicated in the following table:

SN	ACTIVITY	From January 2011
	Maternal and Child Health	
1	Registration during the first trimester of pregnancy	**30**
2	Completion of 4 antenatal checkups, 2 TT immunization and 120 days of IFA tablets to pregnant woman	**120**
3	Pregnant woman having institutional delivery in government health	**150**

	institution	
4	Pregnant woman having institutional delivery in private health institution	**75**
5	Postnatal Care and Newborn Care for Mother and Neonate (each visit Rs 25)	**150**
6	Referral of Post-Partum Complication to a CEMONC Centre	**50**
7	Referral of Sick New Born baby to a SNCU	**50**
8	Complete Immunisation - All doses of immunization for BCG, DPT, OPV, Measles, and Hepatitis-B and Vitamin A Supplementation	**150**
9	Reporting of new born child with birth weight of less than 2,000 grams to the sub-centre and PHC (Rs 25); and follow-up progress on weekly basis in coordination with Anganwadi until the weight-for-age stabilizes	**100**
10	Providing health and nutrition counselling to the parents and family members in close coordination with the Anganwadi Worker and ensuring the child completes 12 months of age in a healthy state	**50**
11	Referral of Severely Acute Malnutrition cases to Nutrition Rehabilitation Centres and follow-up	**50**
12	Maternal Death Reporting to Sub-centre and PHC	**50**
13	Infant Death Reporting to Sub-centre and PHC	**50**
14	Organization of Monthly Village Health & Nutrition Day	**50**
15	Counselling and motivation of men for Vasectomy/NSV operation and follow up visit.	**100**
16	Counselling and motivation of women for Tubectomy /DPL surgery and follow up visit of the cases.	**50**
17	Motivation and Counselling for successful IUCD insertion and retention for at least one year & intake of contraceptive Pills for one year.	**100**
18	Pulse Polio Campaign (Rs 75 per day)	**225**
ITDA Project Areas		
19	Ensuring Skilled Birth Attendance at delivery and for 48 hours after delivery in remote ITDA areas	**100**
20	Referral of pregnant mother to Birth Waiting Homes a week before EDD; and ensuring safe institutional delivery in ITDA areas	**100**

21	Referral and admission of Severely Acute Malnourished (SAM) Child in Nutrition Rehabilitation Centre (NRC) and monthly follow-up	**50 for admission in NRC; and 25 / month for follow-up**
22	Compensatory Incentive for ASHA / Community Health Worker in the ITDA areas, considering the small population and widely scattered habitations, if the incentive package falls below Rs 400 per month.	
Communicable Disease Control Programmes		
23	Identification of Malaria case, successful treatment and follow-up of the patient for 3 months in **ITDA areas**	**10 / case**
24	Leprosy: PB – after confirmation and completion of course of treatment MB – after confirmation and completion of course of treatment	 **300** **500**
25	Identification and successful completion of DOTS for Tuberculosis	**300**

7. This incentive regime will be effective from 1 January 2011. To streamline the incentive administration process, it is hereby ordered that the following procedure be followed with immediate effect:

a) Each ASHA will be issued a customized Pass-Book that will reflect her performance and the incentives paid. The Commissioner of Health and Family Welfare will develop a comprehensive ASHA Pass-Book and issue the same to all ASHAs.

b) The incentive payment will be effected through direct transfer of money to the Bank Account of ASHA by the PHC Medical Officer. In this direction, an account must be opened by every ASHA in the nearest Bank. The transfer must be made before 10th day of the following month. The PHC Medical Officer will be held responsible for any delay in payment.

c) The performance of ASHA for the month – from 26th day of the previous month to the 25th day of the following month - will be presented at a **meeting of all women members of the community** – all married and unmarried women above 15 years of age - that an ASHA serves (Habitation Women's Committee). This meeting shall be held on the last Monday of every month at a time convenient to all concerned. The Minutes of the meeting – summarizing the work done during the month and to be done in the following month – shall be maintained in a permanent register to be maintained by each ASHA for this purpose. This register along with the other essential record of services rendered by the ASHA to her community will be reviewed during the Health and Nutrition Day by the ANM and by the Medical Officer on the day of the Fixed-Day Health Service (FDHS).

d) The performance of each ASHA will be presented to the Village Organisation and the Gram Sabha at their meetings respectively, once in two-months starting February 2011 in order to strengthen community oversight and effective feedback on the quality of services. The payment made to each ASHA will be made known to the VO and the Gram Sabha.

e) The performance of each ASHA will be reviewed at the PHC – based on ASHA self report supported by the ANM record and the Habitation Women's Committee meeting Minutes - along with the performance of each field functionaries of the health and family welfare department on the **first Tuesday of every Month** (PHC Performance Review Day or the ASHA Day). Each ASHA will be paid Rs 70 (Rupees Seventy only) for attending the monthly PHC Review, which shall cover the travel and diet cost.

f) Based on the performance review, entries will be made in the ASHA passbook and money transfer will be ordered by the PHC Medical Officer. The performance during the previous month shall be the basis for payment during the following month. To illustrate, the work done between 26 November and 25 December 2010, will be the basis for incentive payment for the month of December 2010, which will be effected through bank transfer in the first week of January 2011.

g) The performance reported by the ASHA shall be validated by the ANM and the PHC Medical Officer with the village organisation / gram sabha during the health & nutrition day / fixed-day health service. Any case of mis-reporting of performance shall entail forfeiture of incentive payment for two successive months, apart from written censure. A repeat delinquency shall entail replacement of ASHA with another suitable person by the community.

8. The Government reiterates that ASHA is not a functionary of the health and family welfare department and therefore shall not be treated as a sub-ordinate employee of the department. ASHA is the representative of the village community to the medical and health department and therefore is the effective liaison between the health service delivery system and the rural community. To provide a distinct identify to the ASHA, the Government orders that each ASHA be provided with two *Sarees* (of white colour with sky blue border) at a cost of Rs 200 (Rupees Four Hundred only) every year, duly following the standard government procurement procedures.

9. The Government hereby orders that the entire cost of ASHA support shall be met from the National Rural Health Mission (NRHM) allocation for the current financial year within the approved envelope. The Commissioner of Health and Family Welfare and the District Collector / Chairman of District Health Society are requested to take necessary action accordingly.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

DR P.V. RAMESH
PRINCIPAL SECRETARY TO GOVERNMENT

To
The Commissioner of Health and Family Welfare
All District Collectors and District Magistrates

Copy to:

1. The Secretary to Government of India, Ministry of Health and Family Welfare, Nirman Bhavan, New Delhi
2. The Mission Director, NRHM, Nirman Bhavan, New Delhi.
3. The Director, NIHFW, New Delhi.
4. The Director of NHSRC, New Delhi
5. The Director of Public Health and Family Welfare
6. The Commissioner of AP Vaidya Vidhana Parishad
7. All Regional Directors of Health
8. All District Medical and Health Officers
9. All District Coordinator of Health Services (DCHS)
10. Director of Indian Institute of Health & Family Welfare
11. The OSD to Hon'ble Minster (Medical and Health), AP Secretariat, Hyderabad
12. The OSD to Special Chief Secretary to the Chief Minister
13. The PS to the Principal Secretary, Medical and Health Department
14. The Financial Advisor to the Medical and Health Department
15. All Officers / Sections in HM&FW Dept.
16. Director, SPMU of HM &FW Department
17. Director, Indian Institute of Public Health, Hyderabad

// FORWARDED :: BY ORDER //

SECTION OFFICER